

Bupa Care Services NZ Limited - Mary Shapley Rest Home & Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Mary Shapley Rest Home & Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 23 October 2025 End date: 24 October 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 77

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Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Mary Shapley Rest Home & Hospital is a Bupa facility and provides hospital (geriatric and medical), and rest home level care for up to 78 residents. There were 77 residents at the time of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and the general practitioner.

The relieving general manager is supported by a relieving clinical manager, business coordinator, unit coordinator, and an experienced care team. There are quality systems and processes available. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place that aims to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed one of the previous shortfalls relating to the staff roster. Areas for improvement identified at the previous audit relating to the quality programme, implementation of the education programme, and care plan interventions, remain ongoing.

This surveillance audit identified shortfalls relating to informed consent; complaints management; staff appraisals; monitoring charts; infection control; and medication competencies.

Ō tātou motika | Our rights

<p>Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Residents are informed of their rights and services are provided in a manner that upholds their rights and maintains their dignity and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking place as scheduled.

There is a staffing and rostering policy. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses are responsible for assessing residents on admission and developing care plans. The contracted general practitioner (or the residents own general practitioner) completes a medical assessment within the required timeframes. Residents and their family/whānau have input into assessment, care planning, and evaluation processes.

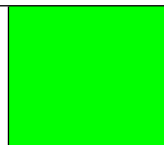
An electronic medicine management system is in place for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines are safely and securely stored.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Some subsections applicable to this service partially attained and of low risk.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation, and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation, and as part of the ongoing in-service education programme.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Two outbreaks of infection since the previous audit were effectively managed.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The Board and management team are committed to maintaining a restraint free environment. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. There is no use of restraint.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	10	0	4	4	0	0
Criteria	0	41	0	3	6	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. Care plans based on Te Whare Tapa Whā are developed and implemented for residents who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and</p>	FA	<p>The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. Individual cultural beliefs and practices are documented for all residents in their care plan and activities plan. Cultural awareness training includes the Fonofale Pacific health model. There are</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>staff at Bupa Mary Shapley who identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Bupa policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. The relieving general manager, relieving clinical manager, or unit coordinator discuss aspects of the Code with residents (where appropriate) and their relatives on admission. Residents (six rest home, two hospital), and families/whānau (two rest home) interviewed confirmed they are aware of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Bupa policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. Abuse and neglect is part of the annual training programme.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with one registered nurse and four caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to</p>	<p>PA Low</p>	<p>There is a policy for informed consent. Six resident files were reviewed, and four of these included signed general consent forms, consent for van outings and where relevant, consent for vaccinations. Residents and families/whānau interviewed could describe what informed consent was, and confirmed they knew they had the right to choose.</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Moderate</p>	<p>The complaints procedure is equitable for all residents, including Māori, and is provided to residents and relatives on entry to the service. A record of all complaints, both verbal and written, using a complaint register is maintained electronically. There have been no external complaints since the last audit. Six complaints were received since the last audit, one in 2024 and five in 2025. There is a policy and process to ensure complaints are acknowledged, there is an investigation, follow up, and reply to the complainant informing them of the outcome of the investigation and any corrective actions taken. However, there is no written evidence of this taking place in six of the six complaints reviewed. Bupa policy is in place to facilitate the equitable implantation of The Code of Health and Disability Services Consumers' Rights and the complaints process for Māori. Residents and whānau interviewed confirm management are open and transparent in their communications.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we</p>	<p>FA</p>	<p>Mary Shapley is located in Whakatane and is a purpose-built facility. The service is certified to provide care for up to 78 hospital (medical and geriatric), and rest home residents. Twenty-five of the seventy-eight beds are certified for dual purpose use.</p> <p>On the day of the audit, there were 77 residents; 38 hospital residents, and 39 rest home residents, including one resident on a younger person with a disability (YPD) contract. All remaining residents were under the age-related residential care contract (ARRC).</p> <p>The governing body consists of directors or heads of: clinical and quality; operations; finance; legal; property; customer transformation and</p>

<p>serve.</p>		<p>technology; and people, marketing, and corporate affairs. This team is guided by global Bupa strategy, purpose and values, and reports into the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia and New Zealand (ANZ) Board.</p> <p>Each director has an induction and orientation to their specific role and to the leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector.</p> <p>Bupa has a three-year strategic business and operational plan which aligns to Bupa global strategy and their ambition to be the world's most customer-centric healthcare company. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. There is a New Zealand strategic plan for 2024 to 2026. Each care home sets annual quality goals at the beginning of the year based on improving outcomes from the internal quality programme. Goals are regularly reviewed, discussed at quality meetings and other forums, and outcomes are measured to demonstrate success. Quality improvements are entered into an electronic system and updated with progress during the year.</p> <p>Bupa has a Māori Health Strategy (informed by Te Pae) and continues to work on strengthening its Te Ao Māori strategy. Bupa initially engaged an external consultant in a cultural advisory capacity, and they have undertaken a gap analysis including: hui with Māori employees; a survey; and workshops with the wider employee group in order to identify barriers, improve outcomes and achieve equity for Māori.</p> <p>The clinical and quality director chairs the clinical governance committee, with oversight from Bupa's second line clinical governance and compliance team and the chief medical officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections, and adverse event investigations, and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other New Zealand aged care providers. Each region has a clinical quality partner, who support the on-site clinical team with education, trend review and management.</p>
<p>Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me</p>	<p>PA Moderate</p>	<p>Bupa Mary Shapley is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection</p>

<p>safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place; however, corrective actions related to audits were not always produced, followed up on, and signed off when completed. This is a continuation of the partial attainment identified at the previous audit. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>There is a risk register and a hazard register in place. Potential and actual risks (including potential inequities), both internal and external, have been identified, analysed using a matrix of consequences versus likelihood of occurrence, and appropriate mitigation strategies have been implemented. A health and safety system is in place, with an annual identified health and safety goal that is directed from head office; however, the goals have not been measured and evaluated. This is a continuation of the partial attainment identified at the previous audit. A health and safety team meets monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There have been no serious work-related staff injuries.</p> <p>Electronic reports are completed for each incident, accident or near miss event, with space for immediate action to be noted and any follow-up action(s) required. However, four of ten accident/incident forms reviewed had no evidence of the required follow-up actions, including contacting the next of kin to inform them of the incident. Incident and accident data is collated monthly and analysed. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussion with the quality partner evidenced awareness of their</p>
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		<p>requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted since the last audit, and there have been notifications to the Health Quality and Safety Commission. There have been two outbreaks, with these reported to appropriate external providers.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a registered nurse on all shifts, and the partial attainment has been resolved. The registered nurses, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty at all times. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The relieving general manager, relieving clinical manager, and unit coordinator are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care home, and one clinical manager each week.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training (classed as clinical assistants), complete many of the same competencies as the registered nurses, such as medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management. Additional specific competencies for the registered nurses include administration of subcutaneous fluids, syringe driver, and interRAI assessment competency. There are seven registered nurses (including the relieving clinical manager and unit coordinator). Five of the registered nurses are interRAI trained.</p> <p>All registered nurses are encouraged to attend the Bupa qualified staff forum each year, and to commence and complete a professional</p>

		<p>development recognition programme (PDRP). All registered nurses attend relevant quality, staff, qualified staff, restraint, health and safety, and infection control meetings when possible. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained. There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training; however, the training schedule / programme has not been fully implemented since last audit, and is a continuation of the partial attainment identified at the previous audit.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>A register of practising certificates is maintained for all health professionals, including registered nurses, general practitioner, pharmacists, physiotherapist, podiatrist, and dietitian. The register includes the scope of practice for health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>Three of six staff files for those who have been employed for over one year, did not have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six resident files were reviewed, including three hospital level and three rest home level (one on a young person with a disability [YPD]). Registered nurses are responsible for all assessments including interRAI assessments and care planning. A physiotherapist is contracted to undertake mobility assessments and develop exercise plans for residents. Resident files have evidence of resident and family/whānau input in assessments and care planning, and those interviewed confirmed they are involved at each stage from assessment to care planning, to evaluation. Initial assessments, initial care plans, interRAI assessments and long-term care planning are done within the timeframes required by the age-related</p>

	<p>residential care contract.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. The general practitioner attends the facility once per month in person and undertakes virtual clinics twice per week. Residents can either be attended by the contracted general practitioner or continue with their own general practitioner. Residents then have a monthly or three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides an on-call service after-hours, on weekends and public holidays. The general practitioner expressed staff are competent and communicate any concerns in a clear and timely manner.</p> <p>The diversional therapist completes a detailed lifestyle assessment to identify residents' interests and preferences, and uses this to develop a plan for meaningful activities. The lifestyle assessment includes cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive and holistic and include the goals and aspirations of residents. Improvement is required in describing the early warning signs that might indicate a change in the health status of residents. The previous partial attainment remains partially attained. Care plans are recorded on an electronic system, and caregivers confirm they easily access them.</p> <p>Care plans are reviewed routinely every six months, or more frequently if the needs of residents' change. InterRAI assessments are completed before the care plan review, so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation, and the care plan is updated so that interventions are planned to meet the residents' goals. Family/whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. When care plans are updated, caregivers are updated on any changes. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are</p>
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		<p>developed for short-term needs, such as wounds and infections. At the time of the audit there were 52 wounds being treated, including seven pressure injuries (all stage II), skin tears, chronic ulcers, ingrown toenail, and an abscess. A wound register is maintained. Review of wound care plans and photographs show wounds are managed according to best practice, with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Progress notes are completed each shift by the caregivers and daily by the registered nurse for hospital level residents. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; intentional rounding; vital signs; and food and fluids. All incident reports reviewed evidenced timely nursing follow up; however, not all neurological observation forms were completed as per policy.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the progress notes. Medicines were seen to be stored in locked trolleys and locked medication rooms. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers. Improvement is required in staff completing annual medication competencies annually. Medication</p>

		<p>errors are reported in the electronic resident file system, and appropriate investigation and follow up is completed.</p> <p>Twelve medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are two residents currently who self-administer their medications. They are assessed three-monthly to ensure their competency for self-administration. Medications were seen to be stored in locked drawers in their rooms. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current to 22 September 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or</p>	FA	<p>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>

support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness that expires on 10 June 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the grounds. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment (last completed on 1 April 2025), and calibration, and testing of clinical equipment (last completed in August 2025). Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	PA Low	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed quarterly by Bupa's clinical governance group, in consultation with infection control coordinators/officers. Data on infections is collated monthly, analysed, and reported to the manager, quality partner, and infection control committee. An annual report is submitted to the quality partner, and a copy was sighted in the infection control manual.</p> <p>The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There are policies related to single use items, handwashing, personal protective equipment, and associated competencies. However, during the audit a number of staff members were observed not to follow policy and correct procedures for glove use. Resident education occurs as part of the daily cares. Residents</p>

		and families/whānau are kept informed and updated through emails during outbreaks.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>There has been one Covid -19 outbreak in February 2025, and an outbreak of gastroenteritis in May 2025. These were managed appropriately with Health New Zealand and Public Health being appropriately notified. There was evidence of regular communication with the Bupa head office, aged care portfolio manager, and Health New Zealand infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) capture `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs are completed. Staff confirmed resources, including PPE, are plentiful.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance Board, management, and staff. There is no use of restraint.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>

As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	PA Low	<p>There is a policy for informed consent. Six resident files were reviewed; however, not all files reviewed included signed general consent forms, consent for van outings and where relevant, consent for vaccinations.</p>	<p>Two of six resident files reviewed did not have written acknowledgement of informed consent on file.</p>	<p>Ensure residents give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights, and this is recorded as per operating policies.</p> <p>90 days</p>
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Moderate	<p>Six complaints were received since the last audit, one in 2024 and five in 2025. There is a policy and process to ensure complaints are acknowledged, there is an investigation, follow up, and reply to the complainant informing them of the outcome of the investigation and any corrective actions taken. However,</p>	<p>Six of six complaints reviewed had no evidence of written acknowledgment, investigation or resolution to the satisfaction of the complainant.</p>	<p>Ensure all complaints are acknowledged, addressed, and resolved in accordance with the Code of Health and Disability Services Consumers' Rights and</p>

		there is no written evidence of this taking place in six of the six complaints reviewed.		Bupa policy. 60 days
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff, registered nurse and quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have been completed as scheduled since last audit; however, review of the goals set and discussed in the health and safety meeting in 2024 did not have progress towards meeting them measured and evaluated. Internal audits were completed as scheduled; however, not all corrective actions had been documented when required, and where there were corrective actions identified and documented, there was no evidence of follow-up and sign off when completed. These areas for improvement are continued from the previous audit.</p>	<p>(i). There is no documented evidence of 2024 health and safety goals progress being measured and evaluated as scheduled for the year.</p> <p>(ii). Where audits have been completed and there are corrective actions identified, there is no evidence of actions that have been put in place being followed up and signed off when completed.</p>	<p>(i). Ensure progress towards goals is measured and evaluated.</p> <p>(ii). Ensure all corrective actions are documented, followed up and signed off when completed.</p> <p>60 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing</p>	<p>PA</p> <p>Moderate</p>	<p>There is a documented annual training programme for Mary Shapley that includes clinical and non-clinical staff training covering mandatory topics. The</p>	<p>The annual training programme since last audit has not been fully implemented.</p>	<p>Provide evidence that training is being conducted for all staff as per annual education</p>

<p>learning and development for health care and support workers so that they can provide high-quality safe services.</p>		<p>management team, and quality partner acknowledge the importance of a well-trained workforce in terms of outcomes for the residents; however, evidence sighted at the time of audit confirms that the training schedule / programme has not been fully implemented since last audit, especially for core topics in 2024 and 2025, including (but not limited to) feedback and complaints; Code of Rights; abuse and neglect; and sexuality and intimacy. On review of the education system, 69 of 84 staff members were non-compliant, and there were 200 non-compliant (overdue) training activities.</p>		<p>and training plan.</p> <p>60 days</p>
<p>Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>Bupa policy and procedures are in place to facilitate staff to have the opportunity to discuss and review performance at defined intervals; however, this had not taken place since 2023 for three of the staff members reviewed.</p>	<p>Three of six staff files for those who have been employed for over one year, did not have an annual appraisal completed.</p>	<p>Ensure staff have the opportunity to discuss and review performance at defined intervals as per Bupa policy.</p> <p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p>	<p>PA Moderate</p>	<p>Care plans are developed by the registered nurse in collaboration with residents and their family/whānau. Assessments are comprehensive utilising validated assessment tools. Cultural assessments are completed by staff trained to do so. All residents had a care plan documented. Care plans include the goals and aspirations of residents.</p>	<p>(i). There were no signs and symptoms for hyper- and hypoglycaemia documented for one rest home resident with diabetes. (ii). There were no interventions or early warning signs documented for one hospital level resident with cellulitis.</p>	<p>(i). & (ii). Ensure care plans describe in detail the early warning signs to be reported to the registered nurse. (iii). Ensure care plans are sufficiently detailed to meet the needs of individual residents.</p>

<p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>			<p>(iii). One care plan for a resident at hospital level of care with frequent falls did not have adequate detail for falls prevention.</p>	<p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to,</p>	<p>PA Moderate</p>	<p>Residents and family/whānau interviewed confirmed they are involved in the care planning process. Residents confirm they are able to make choices for themselves, and staff encourage them to be as independent as they can. In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine</p>	<p>(i). One hospital level resident had four unwitnessed falls in one month; corresponding neurological observations were not completed in the frequency and timeframes required by the policy.</p> <p>(ii). One hospital level resident identified as a high falls risk</p>	<p>(i). Ensure neurological observations are completed according to the policy.</p> <p>(ii). Ensure interventions (such as intentional rounding) are completed frequently enough to adequately monitor</p>

<p>meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>or more often if indicated; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; intentional rounding; vital signs; and food and fluids.</p>	<p>had a care plan intervention described as intentional rounding three-hourly; however, this was not completed frequently enough to adequately monitor the resident.</p>	<p>residents.</p> <p>60 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>Staff on interview described their responsibilities for receiving, storage, administration, monitoring and returning unused or expired medications to the pharmacy; however, not all staff had current competencies on file.</p>	<p>Review of staff files showed seven staff, including one registered nurse who works full time, were overdue for their annual medication competency tests.</p>	<p>Ensure medication competencies are completed on time.</p> <p>90 days</p>
<p>Criterion 5.2.11</p> <p>Single-use medical devices shall not be reused or remanufactured unless a formal risk assessment process has been followed and documented and approved by the governance body.</p>	<p>PA Low</p>	<p>There are policies related to single use items, handwashing, personal protective equipment, and associated competencies. However, during the audit four staff members were observed not to follow policy and correct procedures for glove use on a number of occasions, including removing laundry, entering the sluice room, then entering residents' rooms without removing gloves, and either sanitising or washing hands.</p>	<p>Policy and correct procedures for single use items (gloves) were observed not to be followed at the time of audit.</p>	<p>Ensure policy and procedure for the single use items are followed.</p> <p>90 days</p>

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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.